

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

25263

1. PLACE OF DEATH

97 County Saline
2 Township Blackburn
1 City Blackburn (No.)

Registration District No. 293
Primary Registration District No. 4874

File No.
Registered No.
St. Ward)

2. FULL NAME

Cyrus C. Branscum

(a) Residence. No. St. Ward.
(Usual place of abode)
(If nonresident give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Nannie Branscum

6. DATE OF BIRTH (MONTH, DAY AND YEAR) 3-22-1862

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
71 4 7 — — —

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Retired Laborer
(b) General nature of industry, business, or establishment in which employed (or employer)
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN) Grayson County
(STATE OR COUNTRY) Virginia

10. NAME OF FATHER Isaac Branscum

11. BIRTHPLACE OF FATHER (CITY OR TOWN) Grayson Co.
(STATE OR COUNTRY) Virginia

12. MAIDEN NAME OF MOTHER Wink

13. BIRTHPLACE OF MOTHER (CITY OR TOWN) Wink
(STATE OR COUNTRY)

14. INFORMANT Mrs. C. C. Branscum
(Address) Blackburn Mo

15. FILED 7/29/33 19. Emilie Steinbrech
REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) 7-29-1933

17. I HEREBY CERTIFY, That I attended deceased from July 3 to July 29, 1933, that I last saw him alive on July 28, 1933, and that death occurred, on the date stated above, at 11:40 A. M.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Cirrhosis of the Liver

CONTRIBUTORY (SECONDARY)

18. WHERE WAS DISEASE CONTRACTED

IF NOT AT PLACE OF DEATH?

DID AN OPERATION PRECEDE DEATH? yes DATE OF July 17, 1933

WAS THERE AN AUTOPSY? no

WHAT TEST CONFIRMED DIAGNOSIS? clinical

(Signed) L. S. James, M. D.

7/29/1933 (Address) Blackburn Mo

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Blackburn Cemetery DATE OF BURIAL 7/30 1933

20. UNDERTAKER Asst. O'Brien ADDRESS Alma 7th

AUG 26 1933

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

